

Name

Mail: 135 State House Station, Augusta, Maine 04333

COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES

Office: **House** 

District

Office: 45 Memorial Circle, Augusta, Maine

Website: www.maine.gov/ethics

Phone: 207-287-4179 Fax: 207-287-6775

☐ Senate

## MAINE ETHICS COMMISSION

FEB 1 9,2010

## 2009 STATEMENT OF SOURCES OF INCOME (1 M.R.S.A. §§ 1016-A - 1019)

Covering the calendar year January 1, 2009 through December 31, 2009

Please file this statement with the Clerk of the House or the Secretary of the Senate by 5:00 p.m. on February 19, 2010. Please contact Commission staff at 287-4179 or come to the Commission office at 45 Memorial Circle, Augusta, if you have any questions about this form, your reporting requirements, or how to report specific situations.

LEGISLATOR INFORMATION

180 LANCEY STI	<del>150</del> 7	79
City, zip code		Phone
PHSFIELD	04967	207-487-5641
PART 1. II	NCOME DERIVED FROM EMPLOYMENT BY AN	OTHER
List the name and address of each emplo economic activity of each employer.	oyer from whom you received compensation of \$1,000 o	or more. Specify the principal type of
Name of Employer	Address	Principal Type of Economic Activity of Employer
KLEINSCHMIDT	141 MAIN ST PITHSFIELD, ME 04967	ENGINELKING CONSULTING
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(For Legislators who are self-employed.) A. List the name and address of your business, if any, and list the major areas of economic activity from which you derived income. If associated with a partnership, firm, professional association, or similar business entity, list the major areas of economic activity of that

Address:

entity.

Name and Address of Business Entity

Major Areas of Economic Activity

VALIOUS CONSLITING

Major Areas of Economic Activity (partnership, association or similar business entity)

SOLE Prop.

Name:

Address:

PAI	RT 2 (continued). INCOME DE (For Legislators w	RIVED FROM SELF-EMPI ho are self-employed.)	LOYMENT	
greater, and specify the principa	erived from self-employment that reall type of economic activity of the ole, or an established code of professione was derived.	entity or person from whom y	ou derived such income principal type of econo	ne. If this form of omic activity of the
	Name and Address of Source		Activity of Entity	e of Economic or Person Who is of the Income
Name GOF MAGAZI	LAIF. INC.	ay a sam y a sam	Magazire	PUBBISHEZ
Name: GOLF MASAZI Address: 135 West 50 Th NY, NY 18	Street		· · · · · · · · · · · · · · · · · · ·	
Name:	and a final property of the second section of the second section of the second section of the second section of	ani, ur z kien millimur kie kien lijeme. Una zinski kie kiek kiekspellegen i krajili vera kiek a ne kii en wy k	Landous Land of Colonia (M. Landous L. L. L. Landous L. L. L. Landous Landous Landous Landous Landous Landous L Landous Landous Landou	handran in harrier reduces has been belanced when a been been as the con-
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	COOPER DE LA SECULIA DE LA SECULIA DE LA COMPANSA DE LA COMPANSA DE LA SECULIA DE LA CASA DEL CASA DE LA CASA DE LA CASA DE LA CASA DEL CASA DEL CASA DE LA CASA DEL CASA	REAS OF PRACTICE		
List your major areas of practice.	If associated with a law firm, list th	grouping and control of the control and an arrangement of the property of the control of the con	an interpretation of the property of the contract of the contr	ili Valori, incluina and secundo proprio provincia di provincia
Name a	nd Address of Firm	Major Areas of (self)		Areas of Practice (firm)
Name:			; * · · · · · · · · · · · · · · · · · ·	
Address:		The second secon	Liver (All 44 alphita) and Million displaces on species and all on the constant and	
Name:			Fire and the second sec	
Address:		·		
		p:		
	PART 4. OTHER SO	OURCES OF INCOME		gi ip ay sagara ya ay a spinabisha wan il Majay in agam pengabahan ya ay ay a
List each source of income of \$1,	000 or more <u>not listed</u> in Parts 1, 2,	or 3 of this form. Do not inclu	de gifts. If none, check	the box.
None	iiis iiiiiiis kaantain oo soon ahaan kaantai kana talaan ka oo talaa ka ka ka ka ka ka ka ka ka iiiiiiiiii	na pulicina menengang menenggungkan di kemengangkan pulikan kemengan kengan di di kemerangan pulicina mengan d P		NO. 8039 1
	Name and Address of Source	miller (1992) - Si kann die, der der dermes sie in dermen fein in Frank der frank	Kind of (investments	Income , leases, etc.)
Name:	· · · · · · · · · · · · · · · · · · ·			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Address:	•		:	
Name:	en en skrivet in de een een verde en een een een een een een een een ee	THE THE STATE OF T		
Address:				
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in the state of th	PART 5. REPORT	ABLE LIABILITIES		
List the names of creditors for ar	ny <u>unsecured</u> loans of \$3,000 or no creditor. Do not list credit card liab	nore that you received during bility or loans from a relative.	the reporting period, and frome, check the box.	and list the major
None	*** · · · · · · · · · · · · · · · · · ·	engañ en la leis en en eus en la leis en eus en la leis en		
	Name and Address of Creditor		Principal Type	
	rvame and Address of Creditor		Activity o	
Name:				•
Address:		,	•	
No.				
Name:				

Address:

PART	6. REPORTABLE GIFTS	
Last the specific source of each gift of more than \$300. Incone, check the box.	clude gifts with an aggregate value of more than \$300 from a single sour	ce. If
None	in the first through the second companies and the second companies of the seco	
Name of Source of Gift  1.	Name of Source of Gift 3.	
2.	4.	
PART 7. R	REPORTABLE HONORARIA	
List the source of any honoraria accepted for appearances of	or speeches related to your legislative responsibilities. If none, check the b	OX.
None		
Name of Source of Honoraria	Name of Source of Honoraria	
1.	3.	
2.	4.	- All and Assisted TV Security
PART 8 REPRESEN	ITATION BEFORE STATE AGENCIES	
	sented or assisted others for compensation of any amount. If none, chec	k the
box.		01790/17202X
None		y (f = 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
Name of Agency	Name of Agency	
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2.	4.	y
PART 9. BUSIN	NESS WITH STATE AGENCIES	
[1966] [197	ber of your immediate family sold goods or services with a value in exce	ss of
None		A.,
Name of Agency	Name of Agency	1200, 0.
1.	3.	industrial of
2.	4.	
		. 1.1
	ED BY MEMBERS OF IMMEDIATE FAMILY	*. -
List the type of economic activity representing each source dependent child(ren) during the reporting period and the kind or more of income, their name and job title are listed. Do not	and the first of the control of the first of the control of the co	er or ,000
Name of Spouse or Domestic Partner and Job Title	Type of Economic Activity Representing Source of Relationship Kind of Income Income Received	
Name: Tina M. Fitts	1. LEGAL ASSIST. Spouse or Domestic 2.	
Job Title: LEGAL ASSIST. / PARALEGAL	2. Domestic 2.  Partner 3.	
	Dependent SAUS	
If dependent child(ren) receive more than \$1,000 of income for the reporting period, list only the type of economic activity and the kind of income.	Dependent Child	
,	Dependent Child	-

		PART 11. OF	FICER OR DIRECTO	OR POSITIONS			
any office, trusteeshi	ip, directorship, o	r position of any natu	n, partnership or busine ire. Indicate whether yor r relationship and the n	ou or a family he	ld the position a	your immed and whether	liate family held the position
12 None	•	•					
	Organization/Busing and Address		Title	Position I By:		Member's lame	Compen- sated?
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A Legislator who wi	If the fails to file	a required statem	ent is subject to a fin	o of up to \$100	) /1 M D S A	ε 1017 <sub>-</sub> Δ	A Section of the sect
			crime. If the Comm s of fact to the Attorn				Legislator has
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	Signatur	re			Date	-	·
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		ADD	ITIONAL INFORMAT	rion .			
Please provide any the information you		rmation below (and	d on additional sheet	s if needed). I	ndicate the pa	rt or section	on number for
Part/Section Number	ato providing.	Company and the company of the compa	ermane z szer janak közemez elemente ele ele ele ele ele ele ele ele ele e	normano, S. A., me po . et e societadente	a ya kasa u u u u waka wa waka wa ka waka wa ka waka wa	mentale mental preferre sember:	g - min and hydroxymouth and residence of their
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